



**Health Services**  
LOS ANGELES COUNTY

November 16, 2007

**Los Angeles County  
Board of Supervisors**

Gloria Molina  
First District

Yvonne B. Burke  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

Bruce A. Chernof, MD  
Director and Chief Medical Officer

John R. Cochran III  
Chief Deputy Director


Robert G. Splawn, MD  
Senior Medical Director

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

*To improve health  
through leadership,  
service and education*

TO: Each Supervisor

FROM: Bruce A. Chernof, M.D.   
Director and Chief Medical Officer

SUBJECT: **ADDITIONAL INFORMATION REGARDING THE METROCARE  
PHYSICIAN SPECIALTY MEDICAL SERVICES AGREEMENTS**

This is to provide your Board with additional information in response to questions raised at the November 13, 2007 meeting concerning the MetroCare Physician Specialty Medical Service Agreements.

For the current physicians, for whom the Department seeks approval to renew their contracts for up to an additional 12-months period beginning December 1, 2007, the Department utilizes two processes to evaluate their performance: a. biannual credentialing and b. annual contract monitoring (monitoring instrument attached). None of the existing contracts will be renewed without the annual contract monitoring being completed. In addition, all of these physicians have undergone a comprehensive credentialing process at the beginning of their contract.

The process for new hires of physicians, who were not previously County employees, is outlined in the Board Letter. All physicians, who were previous County employees, as would be indicated on their credentialing application form, will have their personnel file reviewed (including attendance records, performance evaluations, and potential disciplinary actions, if any) by the Department's Human Resources Division and the credentialing application will only be forwarded to the Credentialing Committee, upon clearance by Human Resources. The policy which outlines this process is also attached.

If you have any questions or need additional information, please let me know.

BAC:cb

Attachments

c: Chief Executive Officer  
County Counsel  
Executive Officer, Board of Supervisors

www.ladhs.org





**Health Services**  
LOS ANGELES COUNTY

Los Angeles County  
Board of Supervisors

Gloria Molina  
First District

Yvonne B. Burke  
Second District

Zev Yaroslavsky  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

Bruce A. Chernof, MD  
Acting Director and Chief Medical Officer

John R. Cochran III  
Chief Deputy Director

William Loos, MD  
Acting Senior Medical Officer

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

*To improve health  
through leadership,  
service and education*

June 21, 2006

**Subject: Full-Time (Proposition A) Monitoring Instrument**

As of June 21, 2006, please note the following policies cited in the Full-Time (Proposition A) Monitoring Instrument are drafts:

*Non-County Workforce Comprehensive Policy Statement -- page 4*

*DHS Policy No. 294.2—Use of Contract Physicians for CME Activities -- page 8*



**www.ladhs.org**

**PHYSICIAN SPECIALTY MEDICAL SERVICES AGREEMENT,  
FULL-TIME (PROPOSITION A)**

**MONITORING INSTRUMENT**

**Facility:** \_\_\_\_\_

**Contractor:** \_\_\_\_\_

**Contract #:** \_\_\_\_\_

**Review Period:** \_\_\_\_\_

**Instructions:** The Facility/Program Office contract monitor shall review the Administrative, Service and Invoice Processing requirements of the Agreement as specified in this Monitoring Instrument (MI). Use this MI to document the findings. Circle "Y" for "Yes" if the requirement is met or "N" for "No" if the requirement is *not* met. Write "NA" for "Not Applicable," in the left margin, if the requirement does *not* apply. Explain in the "Comments" section why a requirement is answered "No" or "Not Applicable." A "No" response may result in a Contractor deficiency. If there is a Contractor deficiency, a Contractor Discrepancy Report (CDR) may need to be prepared and sent to the Contractor. If a CDR is *not* needed, the contract monitor should explain why in the Comments section. Complete the Worksheets as indicated and add additional pages, if needed.

Findings and recommendations shall be reported to the Facility/Program Office Administrator and Contractor for corrective action. Send a copy of all Monitoring Reports and Plans of Corrective Action, for a non-responsive Contractor, to the DHS Contracts and Grants Division staff responsible for the contract. Documentation of monitoring activities shall be retained for at least one year after the termination of the contract.

**I. ADMINISTRATIVE REQUIREMENTS**

The facility/program office on-site monitor shall verify annually that Contractor and County, if applicable, comply with the following administrative provisions of the contract:

**A. Business License (Additional Provisions, page 12)**

Y N Contractor provides appropriate licenses, permits, registrations, and certificates to Medical Director.

**B. Insurance**

Complete Worksheet #A1 - Insurance Requirements

Y N 1. Contractor provides evidence of insurance satisfactory to County prior to commencing services as specified in the Agreement. (Agreement, page 11-12)

Y N 2. Contractor's insurance is provided by an insurance company acceptable to

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 2 of 18

County with an A.M. Best rating of not less than A:VII, unless otherwise approved by County. (Agreement, page 13)

A.M. Best Rating: \_\_\_\_\_

- Y N 3. Contractor reports, in writing, to County any accident or incident, which involves injury or property damage as specified in the Agreement within twenty-four (24) hours of occurrence. (Agreement, page 13)
- Y N 4. Contractor reports to County any third party claim or lawsuit filed against Contractor arising from or related to services performed by Contractor under this Agreement. (Agreement, page 14)
- Y N 5. Contractor reports any injury to a Contractor employee which occurs on County property on a County "Non-Employee Injury Report" to County contract manager. (Agreement, page 14)
- Y N 6. Contractor reports any loss, disappearance, destruction, misuse, or theft of any kind whatsoever of County property, monies, or securities entrusted to Contractor under the terms of this Agreement. (Agreement, page 14)
- Y N 7. Contractor ensures subcontractors meet insurance requirements as set forth in the Agreement. (Agreement, page 14-15)
- Y N 8. Contractor's insurance is current and meets requirements set forth in the Agreement. (Agreement, page 15-17)

**C. Nondiscrimination in Services and Employment (Additional Provisions, pages 8-12)**

- Y N Contractor posts Federal and State Nondiscrimination in Service and Employment statements in an area, which is easily accessible to the employees and the public (also applicable to High Desert/Olive View private practice locations).

Location of poster(s): \_\_\_\_\_

**D. Parking Space (Exhibit A, page 10)**

- Y N County provides Contractor with a facility parking space.

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 3 of 18

**E. Employment Requirements**

**Complete Worksheet #A2 - Personnel Requirements.**

**1. Licenses**

- |   |   |    |   |
|---|---|----|---|
| Y | N | a) | Physicians carry their original California licenses while on County premises. (Exhibit A, page 4)   |
| Y | N | b) | Contractor provides Medical Director with a copy of all current licenses, credentials, and/or certifications in his/her specialty prior to agreement effective date. (Exhibit A, page 4-5)  |
| Y | N | c) | Contractor is currently Board Certified or Board Eligible in his/her specialty(ies). (Exhibit A, page 4-5; Credentialing Office)  |
| Y | N | d) | Contractor is currently Board Certified by a medical specialty board approved by American Board of Medical Specialties (ABMS, www.abms.org). (DHS, Medical Director)  |
| Y | N | e) | Contractor meets the credentialing criteria set forth by Medical Facility prior to providing services under the Agreement. (Exhibit A, page 5)  |
| Y | N | f) | Contractor's background is checked through the National Data Bank and the State Medical Board. (Exhibit A, page 5)  |
| Y | N | g) | Contractor's background is checked through the State Medical Board. (Exhibit A, page 5)   |
| Y | N | h) | Contractor is in conformance with the applicable continuing education requirements established by JCAHO and/or the State Medical Board. (Exhibit A, page 6)   |
| Y | N | i) | Contractor maintains in effect during the term of the Agreement all licenses, permits, registrations, and certificates required by law for the operation of its medical practice and for the provision of services pursuant to this Agreement. (Additional Provisions, page 12) |

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 4 of 18

**2. Employment Eligibility (Additional Provisions, pages 19-20)**

Review Contractor personnel Form I-9, Employment Eligibility Verification.

Y N

Contractor completed Form I-9, per Department of Homeland Security instructions on employee date of hire.

**3. Performance Evaluation (JCAHO, HR.3.10 & HR.3.20)**

Review Contractor personnel's written performance evaluations or peer review.

Y N

Personnel receives a competent or better performance evaluation or peer review within the last 12 months.

**4. Contract Notices (Agreement, pages 6, 7; Exhibit A, pages 5, 6; Additional Provisions, pages 7, 8; 12-14, 19, 20, 24-26, 29, 32-34; DHS, Medical Director; Non-County Workforce Comprehensive Policy Statement, pages 4-6, 9, 10)**

Review documentation listed in the "Contract Notices" section of Worksheet #A2.

Y N

Contractor personnel received the required notices as specified in the Agreement.

**5. Physical Examinations**

Review documentation listed in the "Health Clearance" section of Worksheet #A2.

Y N

Contractor meets medical clearance requirements as referenced in the Agreement. (Exhibit A, page 5; California Code of Regulations, Title 22, Section 70723)

**F. Required Records and Reports**

Y N

**1. Contractor provides telephonic notice (within 24 hours) to Medical Facility's Risk Manager of any incident, action, or claim as specified in the Agreement. (Agreement, page 8)**

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 5 of 18

- |   |   |     |  |
|---|---|-----|--|
| Y | N | 2.  | Contractor provides written notice, as specified in the Agreement, to Medical Facility's Risk Manager immediately after providing telephonic notice. (Agreement, page 8)                   |
| Y | N | 3.  | Contractor maintains financial records of its activities and operations as specified in the Agreement. (Additional Provisions, page 1)   |
| Y | N | 4.  | Contractor maintains personnel time records as specified in the Agreement. (Additional Provisions, page 1)   |
| Y | N | 5.  | Contractor maintains other records of all services provided as specified in the Agreement. (Additional Provisions, page 1)   |
| Y | N | 6.  | All records include supporting documentation and other information sufficient to reflect Contractor's provision of services as specified in the Agreement. (Additional Provisions, page 1) |
| Y | N | 7.  | Contractor retains financial records for a minimum period of five (5) years following the expiration or earlier termination of the Agreement. (Additional Provisions, page 1)              |
| Y | N | 8.  | Contractor makes financial records available at a location in Southern California as specified in the Agreement. (Additional Provisions, page 1)   |
| Y | N | 9.  | Contractor prepares all appropriate medical records for County patients as specified in the Agreement. (Additional Provisions, page 2)   |
| Y | N | 10. | Contractor maintains patient records as specified in the Agreement. (Additional Provisions, page 2)  |
| Y | N | 11. | Contractor provides materials as specified in the Agreement under Knox-Keen Health Care Services, if applicable. (Additional Provisions, page 2-3)   |
| Y | N | 12. | Contractor files Federal and/or State audit reports with County's Auditor-Controller Department within thirty (30) calendar days of receipt. (Additional Provisions, page 4)               |

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 6 of 18

**G. Subcontracting (Additional Provisions, pages 16-18)**

- |   |   |    |  |
|---|---|----|--|
| Y | N | 1. | Subcontract is approved by Director or his/her authorized designee.<br>(Additional Provisions, page 16)  |
| Y | N | 2. | Subcontracts are in writing. (Additional Provisions, page 17)  |
| Y | N | 3. | Subcontracts contain the intent of all of the Paragraphs of the body of the Agreement; including ADDITIONAL PROVISIONS, and the requirements of the exhibit(s), including their attachments. (Additional Provisions, page 17)                              |
| Y | N | 4. | Contractor submits a copy of the proposed subcontract instrument at least thirty (30) calendar days prior to the subcontract's proposed effective date to County's Director of Health Services or authorized designee.<br>(Additional Provisions, page 17) |
| Y | N | 5. | Subcontract instrument is approved in writing by County's Director of Health Services or authorized designee. (Additional Provisions, page 17)   |

**COMMENTS:**

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Effective Date 02/07/06



Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 7 of 18

**II. SERVICE**

**A. Employment Requirements (Amendment No. 1, page 2; DHS, Medical Director; Credentialing Office)**

- Y N 1. Contractor is appropriately licensed by the State of California.
2. Contractor is (check one): ☐ Board Eligible ☐ Board Certified  
Specialty: \_\_\_\_\_
- Y N 3. Board Certified contractor appears on American Board of Medical Specialties' (ABMS) website ([www.abms.org](http://www.abms.org)).
- Y N 4. Contractor has applied for and been granted medical staff privileges at Facility.
- Y N 5. Contractor meets minimum professional qualifications as specified in the Agreement.
- Y N 6. Contractor possesses additional licenses/certificates/registrations/ permits required for their specialty.

**B. General Contractor Services**

- Y N 1. Contractor works only up to 16 hours in a 24-hour period. (Amendment No. 1, page 3)
- Y N 2. Contractor does *not* work on-call status. (Amendment No. 1, page 3)
3. Contractor provides a copy of Medical Director's written request for: (Amendment No. 1, pages 3).
- Y N a) Medical consultation services to medical departments other than primary assignment.
- Y N b) Surgical services and appropriate pre-operative medical services (where applicable to Contractor's medical specialty)
- Y N c) Emergency medical services

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 8 of 18

4. Contractor provides a copy of Medical Director's prior written request for:  
(Amendment, page 3-4)

Y N

- a) Administrative Services as specified in Agreement  
Date and Type of Service \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y N

- b) Continuing Medical Education per DHS Policy No. 294.2—Use of  
Contract Physicians for CME Activities

Date(s) of CME \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y N

5. **High Desert and Olive View only:** Contractor's private offices are ADA  
compliant.

Y N

6. **High Desert and Olive View only:** Contractor's private offices are  
operated at all times in accordance with County community standards as  
specified in the Agreement. (Additional Provisions, page 29)

Y N

7. **High Desert and Olive View only:** Contractor's private offices are in full  
compliance with all applicable laws, ordinances, and regulations relating  
to the property. (Additional Provisions, page 29)

**C. County Responsibilities**

Y N

1. Medical Director, or designee, distinguishes between on-site and on-call  
service hours on Contractor's written schedule. (Exhibit A, page 2)

Y N

2. Medical Director, or designee, includes the reason for Contractor's  
assignment in accordance with the categories set forth in the Agreement  
((1) unanticipated, critical staffing shortage, (2) peak workload, (3)  
unexpected emergency, (4) vacation coverage, or (5)  
sporadic/unpredictable need). (Exhibit A, page 2)

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 9 of 18

**D. Monthly Meetings** (Additional Provisions, pages 23-24)

- |   |   |    |   |
|---|---|----|---|
| Y | N | 1. | Service Chief meets with Contractor at least once per quarter.  |
| Y | N | 2. | Service Chief documents quarterly meetings with Contractor via an agenda item <i>and</i> meeting minutes or <i>Worksheet #S1: Service Chief Contract Monitoring Log</i> . |

**COMMENTS:**

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_

FY \_\_\_\_\_

Page 10 of 18

**III. INVOICE PROCESSING**

The Medical Director shall verify ANNUALLY that Contractor met the following billing, payment, and schedule of rates requirements.

**A. Billing and Payment Requirements**

Medical Director, or authorized designee, will validate, on a monthly basis, Contractor's submitted monthly billings.

Complete Worksheet #IP1 – Invoice Processing

Y N Contractor billings meet contract requirements. (Agreement, page 10)

**B. Maximum Obligation**

Y N 1. Payments to Contractor do *not* exceed the maximum obligation specified for current fiscal year as specified in the Agreement. (Agreement, Pages 4-5)

Current Fiscal Year Maximum Obligation: \_\_\_\_\_

Y N 2. Contractor works only up to 16 hours in a 24-hour period. (Amendment No. 1, page 3)

Y N 3. Contractor does *not* work on-call status. (Amendment No. 1, page 3)

**COMMENTS:**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

**WORKSHEET #A1: INSURANCE REQUIREMENTS**  
**PHYSICIAN SPECIALTY MEDICAL SERVICES AGREEMENT,**  
**FULL-TIME (PROPOSITION A)**  
Page 11 of 18

Facility: \_\_\_\_\_

Contractor: \_\_\_\_\_

Contract #:

Review Period: \_\_\_\_\_

Instructions: Review Contractor's Certificate(s) of Insurance. Indicate "Y" for "Yes" if the requirement is met or "N" for "No" if the requirement is *not* met. Write "NA" for "Not Applicable" if the requirement does *not* apply. Explain in the "Comments" section why a requirement is answered "No" or "Not Applicable." Add additional pages, if needed.

CRITERIA	Y/N/NA
Insurance identifies the Agreement.	
Includes 30 days advance written notification by mail of cancellation for all policies.	
Deductibles or self-insured retentions are identified.	
<b>A. GENERAL LIABILITY</b> is current. Expires: _____	
1. Endorsed for the following with limits not less than:	
a. General Aggregate: \$2 million	a.
b. Products/Completed Operations Aggregate: \$1 million	b.
c. Personal and Advertising Injury: \$1 million	c.
d. Each Occurrence: \$1 million	d.
2. County of Los Angeles, its Special Districts, its officials, officers, and employees are named as additional insured.	
3. Copy of endorsement page is provided.	
<b>B. AUTOMOBILE LIABILITY</b> is current. Expires: _____	
1. Limit is not less than \$300,000 per occurrence.	

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_; Worksheet A1, page 2 of 2

FY \_\_\_\_\_

Page 12 of 18

CRITERIA	Y/N/NA
2. Endorsed for:	
a. owned vehicles	a.
b. hired vehicles	b.
c. non-owned vehicles, or	c.
d. any auto	d.
<b>C. WORKER'S COMPENSATION</b> is current. Expires: _____	
Endorsed for the following with limits not less than:	
a. Each accident: \$1 million	a.
b. Disease - Policy Limit: \$1 million	b.
c. Disease - Each Employee: \$1 million	c.
<b>D. PROFESSIONAL LIABILITY</b> is current. Expires: _____	
1. Covers liability arising from any error, omission, negligent or wrongful act of Contractor, and its officers or employees.	
2. Endorsed for the following with limits not less than:	
a. Per occurrence: \$1 million	a.
b. Aggregate: \$3 million	b.
3. Provides an extended two (2) year reporting period commencing upon expiration or earlier termination or cancellation of the Agreement.	

**COMMENTS:**

Prepared by: \_\_\_\_\_ Date: \_\_\_\_\_

## WORKSHEET #A2: PERSONNEL REQUIREMENTS

### PHYSICIAN SPECIALTY MEDICAL SERVICES AGREEMENTS, FULL-TIME (PROPOSITION A)

Page 13 of 18

Contractor: \_\_\_\_\_

Facility: \_\_\_\_\_

Contract #: \_\_\_\_\_

Review Period: \_\_\_\_\_

**Instructions:** Randomly select a minimum of five (5) or 100% of Contractor personnel who have provided services under the Agreement. Review documentation for the following information to verify that sampled personnel meet requirements specified in the Agreement. Add additional pages, if needed.

A. GENERAL INFORMATION - Enter the requested information.					
Employee Name					
Job Title					
Employee's Date of Hire					
Date Form I-9 Completed					
B. PROFESSIONAL REQUIREMENTS – Enter the requested information.					
CA License Numbers(s) and Expiration Date(s)					
C. HEALTH CLEARANCE - Enter the date and type of screening below.					
Date of Physical Exam by CA MD or DO					

Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_; Worksheet A2, page 2 of 3

FY \_\_\_\_\_

Page 14 of 18

Employee Name					
Free of infectious disease? (Yes or No)					
Physically able to perform duties? (Yes or No)					
Negative CXR or TB test					
Rubella/Rubeola Immunity/Vaccination/Waiver					
Rubeola Immunity/Vaccination/Waiver					
Hepatitis B Immunity/Vaccination/Waiver					
D. CONTRACT NOTICES – Enter the date the employee received the information.					
Independent Contractor Status					
DHS Risk Management Information Handbook					
Bloodborne Pathogens Training					
Confidentiality					
County Rules and Regulations					
Unlawful Solicitation					

Effective Date 02/07/06



Physician Specialty Medical Services Agreement, Full-Time (Proposition A)

Agreement #: \_\_\_\_\_; Worksheet A2, page 3 of 3

FY \_\_\_\_\_

Page 15 of 18

Employee Name					
Federal Earned Income Credit					
County's Child Support Compliance Program					
Employee Name					
Safely Surrendered Baby-Law					
HIPAA					
Toxic Substances (area specific)					
Elder Abuse					
Domestic Violence					
Child Abuse & Neglect Reporting					
Service Delivery Site-Maintenance Standards (applies only to contractors who treat at their facility)					

**COMMENTS:**

Prepared by: \_\_\_\_\_

Date: \_\_\_\_\_

Effective Date 02/07/06



**Health Services**  
LOS ANGELES COUNTY

## POLICIES AND PROCEDURES

**SUBJECT:** PERFORMANCE EVALUATIONS FOR PHYSICIAN CONTRACT RENEWALS  
**11/16/07** **POLICY NO:** 780.001

---

### PURPOSE:

To ensure physicians contracted to provide services to DHS patients have appropriate performance evaluation.

### POLICY:

Physicians contracted to provide services to DHS patients must have undergone an annual performance evaluation within the last 12 months prior to contract renewal.

DHS Contracts and Grants must work closely with the facility Department Chairs to ensure a former County physician's personnel and area files are reviewed prior to signing a contract with the Department.

The facility Department Chair must review the former County physician's department/area file and check with the facility Human Resources Office to ensure a performance evaluation was conducted within the last 12 months with a minimum rating of competent, prior to allowing the former County physician to contract with the Department. When submitting a request to contract with a former County physician, the Department Chair must attach the following signed and completed attestation form informing Contracts and Grants and Human Resources that he/she has verified the following information:

- A performance evaluation was conducted within the preceding 12 months of the former County physician's termination date
  - must have a rating of at least "competent"
  - must not contain any negative comments
  - and is on file in the department/area file and in the former County physician's personnel folder, and
- A primary source was conducted verifying the former County physician has all current licenses/registrations/certificates/permits and a copy of the printout is attached,

Upon arrival of the potential workforce member at the facility Human Resources Office, Human Resources will verify the information on the attestation form, by checking that the performance evaluation is in the personnel file. The facility Human Resources Office is also

---

**APPROVED BY:**

**REVIEW DATES:**

**EFFECTIVE DATE:** November 15, 2007

**SUPERSEDES:**

# **DEPARTMENT OF HEALTH SERVICES COUNTY OF LOS ANGELES**

**SUBJECT:** PERFORMANCE EVALUATIONS FOR PHYSICIAN CONTRACT RENEWALS  
**POLICY NO.:** 780.001

---

responsible for conducting a primary source verification, OIG and GSA check, criminal background investigation and the remainder of the in-processing of a non-County workforce member as defined in DHS Policy 728, Non-County Workforce Members. If the former County physician's performance evaluation is not in the personnel folder, the Human Resources Office must refer the physician back to the Department Chair and notify the HR Operations Director/designee.

Department Chairs are responsible for ensuring that the annual performance evaluation process is completed and a department/area file is kept on each physician, inclusive of contract physicians.

In addition to the annual performance evaluation, all attending staff (i.e. physicians, podiatrists, dentists, and clinical psychologists) subject to the clinical privileging delineation process shall be evaluated at least every two years during their respective credentialing/privileging process in accordance with Joint Commission requirements.

## **AUTHORITY:**

Joint Commission Standards (Management of Human Resources)  
Board of Supervisors mandate

---

**EFFECTIVE DATE:** November 15, 2007

**SUPERSEDES:**

**PAGE 2 OF 3**

## ATTESTATION FORM

### TO BE INCLUDED WITH A REQUEST TO CONTRACT WITH A FORMER COUNTY PHYSICIAN

Request#	Department/Division	Dept. No.
Name of Potential Workforce Member		
Position Title		

I, \_\_\_\_\_ attest that I have completed the following activities to verify the former County physician's eligibility to enter into contract with Los Angeles County Department of Health Services [FACILITY].

- ☐ The Department/Area file has a performance evaluation for the former County physician dated within the preceding 12 months of the former County physician's termination date with a rating of at least "competent" and does not have any negative comments.
- ☐ The personnel file has a performance evaluation for the former County physician dated within the preceding 12 months of the former County physician's termination date with a rating of at least "competent" and does not have any negative comments.
- ☒ Former County physician terminated from another County department and performance evaluation is not on record at this facility.

Person Conducting Review (Print Name)	Signature	Date
Department Chair (Print Name)	Signature	Date

### HUMAN RESOURCES USE ONLY

I, undersigned, verify that the activities below have been completed:

- ☐ A performance evaluation for the former County physician dated within the preceding 12 months of the former County physician's termination date, with a rating of at least "competent" and does not contain any negative comments, is on file in the former County physician's personnel folder.
- ☒ Primary Source verification has been conducted to ensure the former County physician has all current licenses/registrations/certificates/permits, as required by his/her job responsibilities. (Attach copy of primary source printout with expiration dates)
- ☐ Office of Inspector General and General Services Administration has been checked to ensure the prospective contract physician is not on any federal exclusion lists

HR Representative (Print Name)

Signature

Date